## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 09/872374

			SMALL ENTITY TYPE		OTHER THAN								
TOTAL CLAIMS			20				1	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TO	TAL CHARGE	BLE CLAIMS	20 minus 20=		· 0			X\$ 9=		OR	X\$18=		
INI	DEPENDENT CI	LAIMS	2 minus 3 =		. 0			X40=			X80=		
MI	JLTIPLE DEPEN	IDENT CLAIM P	RESENT							OR			
* If the difference in column 1 is less than zero, enter *0" in column 2							'	+135=	0-0	OR	+270=		
									355	OR	TOTAL	THAN	
3/17/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	.Total	. 32	Minus	Q	0	- 12		X\$ 9≈		OR	X\$18±	6000	
	Independent	• 4	Minus	3		=		X40=		OR	XSEC	2000	li
	FIRST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=			+270=		7
1/-1-05								+130=		OR	TOYAL	CCCC	
(Column 1) (Column 2) (Column 3)								NOOIT. FEE		OR	ADDIT. FEE	Put	
AMENDMENT B			HIGH	EST		1 1		ADDI-	1	205	ADDF	Š	
		REMAINING AFTER AMENDMENT		PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	32	Minus	ؠؽ	2	=		X\$ 9=	,	OR	X\$18=	\$ 3	•
	Independent	. 4	Minus	***	7	•		_X40=_		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		•	+270=		
								TOTAL		QR	TOTAL		
		<b>10</b> . 1 43					•	DOIT. FEE		OR	ADDIT. FEE		
		(Column 1)		(Colur HIGH NUM PREVIO	EST BER OUSLY	(Column 3) PRESENT EXTRA	ון		2001	1			
AMENDMENT C		REMAINING AFTER						RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT_	Minus	PAID	FOR		ł	V2.0	FEE		V040	FEE	
	Independent	•	Minus	***			1	X\$ 9=		OR	X\$18=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	•	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  **OPTION OF THE SPACE IS LESS THAN 1. ADDIT. FEE  **ADDIT. FEE													
	The Triighest Nurs	nber Previously Pal	id For (Total or	independ	ent) is the	highest numbe	er fou	nd in the app	ropriete bo	k im co	Armo 1.	المنتبع برونين	

FORM PTO-676

Petent and Trademark Office, U.S. DEPARTMENT OF COUNTRY OF COUNTRY